

PLEASE READ APPLICATION REQUIREMENTS BEFORE CHOOSING APPLICATION.

Initial Permit: Fee \$125.00 (Initial App)

Complete all sections of the following forms (except where indicated):

- Initial Application form (except educational qualifications)

Transfer-of-Grades Fee \$125.00

Complete all sections of the following forms:

- Initial Application form
- Interstate Exchange form – this form should be completed by the state where you took your examination

Reciprocity: Fee \$365.00

Complete all sections of the following forms (except where indicated):

- Reciprocity form (except course information),
- Initial application form
- Interstate exchange form – this form should be completed by the state where you took their examination.

4 & 10 (via reciprocity) Fee \$365.00

Complete all sections of the following forms (except where indicated):

- Reciprocity form (except sections 16 & 17)
- Initial application form (except educational qualifications, sections III & IV)
- Interstate exchange – This form should first be completed by the state where you took your examination. The applicant shall also submit additional inter-state exchange forms from any state they have held a license.

Firm Permit: Fee \$90.00

Complete all sections of the following forms

- Firm permit form

Provisional License: Fee \$150.00 (per year)

Complete all sections of the following forms

- Provisional Form

APPLICATION FOR A CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT BY WAIVER OF EXAMINATION

INSTRUCTIONS

1. Print or **type** all answers. Answer all questions.
2. All fees are nonrefundable and cannot be applied to another application.
3. In order to qualify for a Missouri CPA certificate you must pass the AICPA examination on "Ethics for Certified Public Accountants" or provide evidence that you have passed an ethics exam administered by another state.
4. Applicants must answer "yes" to at least one of the questions numbered 11 through 14, below, in order to substantiate residency required by Section 326.060 RSMo.
5. **ENCLOSE THE FOLLOWING:**
 - (a) Check payable to Missouri State Board of Accountancy.
 - (b) Certified copy (copies) of college transcript(s).
 - (c) A recent photograph size 2" x 2" (head & shoulders only). Attach the photo to your application in the space provided.

I hereby apply for a certificate as a certified public accountant by waiver of examination and provide the following facts to establish my qualifications as required by Chapter 326 RSMo and the Board's rules and regulations:

1. FULL NAME	FIRST	MIDDLE	LAST
2. NAME TO APPEAR ON CPA CERTIFICATE			
3. RESIDENCE ADDRESS	STREET & APT. NO.	CITY	STATE ZIP CODE
4. NAME OF EMPLOYER			
5. BUSINESS ADDRESS	STREET	CITY	STATE ZIP CODE
6. TELEPHONE NUMBERS RESIDENCE		BUSINESS	SOCIAL SECURITY NUMBER*
8. DATE OF BIRTH		9. PLACE OF BIRTH	
10. HAVE YOU EVER BEEN KNOWN BY A NAME OTHER THAN THE ONE SHOWN ON THIS APPLICATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, GIVE THE NAME(S)		<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> NAMES </div>	
11. ARE YOU A RESIDENT OF MISSOURI?			<input type="checkbox"/> YES <input type="checkbox"/> NO
12. DO YOU HAVE A PLACE OF BUSINESS IN MISSOURI OR, AS AN EMPLOYEE, ARE YOU REGULARLY EMPLOYED IN MISSOURI?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13. IF YOU DO NOT LIVE OR WORK IN MISSOURI, DO YOU HAVE CLIENTS IN MISSOURI?			<input type="checkbox"/> YES <input type="checkbox"/> NO
14. ARE YOU PRACTICING OR DO YOU INTEND TO PRACTICE PUBLIC ACCOUNTING IN MISSOURI?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, ON A <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME BASIS.			

TO BE COMPLETED BY APPLICANT	APPLICANT PHOTOGRAPH	FOR BOARD USE ONLY	
<input type="checkbox"/> RECIPROCITY FEE OR <input type="checkbox"/> TRANSFER-OF-CREDIT FEE \$240.00	ATTACH ONE 2" x 2" PHOTOGRAPH IN THIS SPACE	CERTIFICATE NUMBER	EDUCATION
		EXAM	ETHICS
		FEE \$	
		PROCESSED BY	APPROVED BY
		REJECTED	BOARD ACTION
		FILE NUMBER	

15. (For applicants applying by reciprocity)

a. I hold CPA certificate number _____ dated _____ issued by the state of _____ as a result of having passed the Uniform CPA examination. The state board issuing your original certificate must verify the following information to the Missouri State Board of Accountancy. Your certificate number and date of issuance; verification that the certificate is valid and in good standing; the date(s) you sat for the exam and your I.D. number(s) and grades for each sitting. If you passed an ethics exam, the verification must include the date of the exam and grade received.

b. I also hold a CPA certificate by reciprocity in the following states:

State _____	Certificate No. _____	dated _____
State _____	Certificate No. _____	dated _____
State _____	Certificate No. _____	dated _____
State _____	Certificate No. _____	dated _____

Each state listed above must send a verification to this board verifying that your certificate is valid and in good standing.

16. (For applicants applying by transfer-of-credit who do not hold a CPA certificate in another state)

Complete and sign the following statement and ask the other state board to send a verification to the Missouri State Board of Accountancy giving the date(s) of the exam, your I.D. number(s), and the grades received at each sitting. If you passed an ethics exam, the verification must include the date of the exam and grade received.

I, _____ (signature), was not a resident of Missouri, had no place of business in Missouri, or, as an employee, was not regularly employed in Missouri on the date(s) when I took the examination given by the State of _____.

17. Educational Qualifications:

List all colleges and/or universities attended. Enclose CERTIFIED transcripts from all schools or have the registrar mail the certified transcript directly to the Board.

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE	DATE RECEIVED

List your accounting and business related courses: (attach additional page if necessary)

COURSE NO.	NAME	SEM/QTR HOURS	COURSE	NAME	SEM/QTR HOURS

18. Employment History:

List your complete employment history for the last ten years or since you graduated from high school (whichever is shorter) beginning with your present employer. For any periods during which you were not employed, explain your occupation or activities, such as student, housewife, military services, etc. If you were self-employed during any period, so state and give the name of your business.


EMPLOYER	STREET ADDRESS	CITY/STATE/ZIP CODE	EMPLOYMENT DATES	
			FROM	TO

19. Character References:

The Board has permission to request written and/or verbal certification as to my integrity and moral character from the following three reputable persons who have known me for at least three years and who are not related to me:

a. NAME	PHONE NO.
ADDRESS (STREET & APT. NO.)	OCCUPATION
CITY STATE ZIP	NUMBER OF YEARS KNOWN
b. NAME	PHONE NO.
ADDRESS (STREET & APT. NO.)	OCCUPATION
CITY STATE ZIP	NUMBER OF YEARS KNOWN
c. NAME	PHONE NO.
ADDRESS (STREET & APT. NO.)	OCCUPATION
CITY STATE ZIP	NUMBER OF YEARS KNOWN

20. I submit answers to the following questions: (For any "Yes answers, submit details.)

- a. Have you ever been found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense other than a minor traffic violation, whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? ☐ YES ☐ NO
- b. If you hold (or have ever held) a certificate as a CPA or public accountant of any other state or political subdivision of the U.S., has it or you ever been disciplined or otherwise restricted? ☐ YES ☐ NO
- If Yes, what state and when?  _____
- c. Have you ever been enrolled to practice before the U.S. Treasury Department or any governmental body or agency? ☐ YES ☐ NO
- If yes, has such right to practice ever been disciplined or otherwise restricted? ☐ YES ☐ NO
- d. Have you ever had a professional or vocational license, certificate or registration denied, disciplined (including, but not limited to, probation, suspension or revocation) or otherwise restricted by any state, agency of the federal government or by any foreign country? ☐ YES ☐ NO
- e. Have you ever violated the rules and standards of professional conduct governing the practice of public accounting? ☐ YES ☐ NO

I will furnish any additional information requested by the Missouri State Board of Accountancy and give the Board permission to verify all statements made in connection with this application, or to make other such investigations and the Board deems necessary.

AFFIDAVIT

ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE MADE UNDER OATH OR AFFIRMATION AND ALL REPRESENTATIONS ARE TRUE AND CORRECT TO MY BEST KNOWLEDGE AND BELIEF SUBJECT TO PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

MUST BE SIGNED IN PRESENCE
OF NOTARY 

SIGNATURE OF APPLICANT

DATE

NOTARY INFORMATION

STATE OF

COUNTY OR CITY OF

APPLICANT NAME

(NOTARY SEAL)

known to me to be the person described in this application, personally appeared before me and after being duly sworn signed this application and declared that all statements contained in this application are made under oath or affirmation and all representations are true and correct to the best knowledge and belief of the applicant signing the application subject to the penalties of making a false affidavit or declaration.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF

YEAR

MY COMMISSION EXPIRES

NOTARY PUBLIC



GENERAL INSTRUCTIONS

The instructions listed are to the applicant in meeting mandates of Chapter 326 of the Revised Statutes of Missouri. Each section must be filled out in its entirety with appropriate documents and fees attached. Incomplete applications will be returned to the applicant.

In order to be eligible for a license you must have passed the Uniform CPA Exam and an Ethics exam acceptable to the Board.

SECTION I: Individual Information

- **Full name** of applicant listing last name first, first name and middle initial.
- **Home Address** to include street, city, state, and zip code.
- **Business Address** to include name of business, street, city, state, and zip code of your current employer.
- **Telephone** to include home, business and optional email.
- **Social Security Number** must have nine numbers listed.
- **Date of birth** to include month/day/year.
- **Other name** to include any other name you may have been known by.
- **Ethics Exam** to include the date you took the ethics exam and who administered the exam.
- **Conviction** to include yes or no answer, if yes please attach additional sheet(s) explaining the situation.
- **Firm or Organization** to include business entity where you obtained your experience.
- **Endorser's Name** to include name of the current/active CPA who will attest to your experience.
 - **Endorser's phone number** where s/he may be reached if further information is needed.
 - **Address** to include the endorser's current home or business address - includes street, city, state, and zip code.
- **Beginning/Ending to include the date you started and completed your experience.**
 - **Full Time** - experience was gained on a full time basis within one year.
 - **Part Time** - experience was gained part time over a consecutive 3-year period.
- **Educational Qualifications**
 - Enclose certified transcripts from all schools or have registrar mail them to the Board.

ONLY COMPLETE IF YOU HAVE PASSED THE CPA EXAM IN ANOTHER STATE BUT HAVE NEVER HELD A CERTIFICATE OR LICENSE IN ANOTHER STATE.

This section needs to be signed and dated by the applicant prior to giving to the Endorser.

SECTION II: Experience Information

- **Experience as a licensing prerequisite - Effective August 28, 2001**, the Board's statutes require that **all applicants applying for an initial license must demonstrate** that they have a minimum of one (1) year of experience consisting of full or part-time employment that extends over a period of no less than one (1) year and no more than three (3) years and includes no fewer than two-thousand (2,000) hours.
 - Experience shall be verified by a licensee and shall include any type of service or advice involving the use of accounting, attest, review, compilation, management advisory, financial

advisory, tax or consulting skills including governmental accounting, budgeting or auditing. Experience may include employment in industry, government, academia or public practice.

- **Applicant's Affidavit** - applicant must sign in the presence of a notary. This section must be completed, if this section is not completed the application will be returned to you.

SECTION III: Endorser Information

- **Endorser's Name** of licensed CPA who will be verifying the experience as explained in Section II. The information is to include last name first, first name, and middle initial.
- **Current Address** of endorser to include street, city, state, and zip code.
- **State where licensed** to include state where endorser is currently and actively licensed and his/her license number in that state.

SECTION IV: Endorser's Attestation

- **Endorser's Attestation** shall include the signature of the endorser verifying the information in Section II and III are correct.
 1. If the licensee has direct access or knowledge of an applicant's experience and has refused to sign the application shall check box number one (1) that they cannot certify and attach a letter of explanation.
 2. If the licensee does not have direct access or knowledge of the applicant's experience and has refused to sign the application, please check box number two (2), no letter of explanation is required.

Fee Information: Attach a check in the amount of **\$125.00** payable to the Missouri State Board of Accountancy. This fee includes \$25.00 for your ornamental wall hanging and \$100.00 for your two-year license. All fees are non-refundable and cannot be applied to another application.

Please note if you currently hold a Missouri Certificate you only need to pay \$100.00 for your license.

PLEASE RETURN ALL INFORMATION TO THE BOARD ALONG WITH THE APPROPRIATE FEE.

PLEASE NOTE: ALL INFORMATION MUST BE FILLED OUT. IF YOU NEED ADDITIONAL SPACE PLEASE COPY THE FORM OR ATTACH ADDITIONAL SHEETS.

APPLICANT AND ENDORSER MUST SIGN ALL ADDITIONAL SHEETS.

If you need further assistance please contact the Board at 573/751-0012.

SECTION I - TO BE COMPLETED BY THE APPLICANT. (Type or print in black ink)

After reading the directions, complete Section I and Section II, forward this original form to your endorser. Once your endorser has completed Section III, (back) submit this form along with the appropriate fee to:

Missouri State Board of Accountancy
P.O. Box 613
Jefferson City, MO 65102-0613

NAME: LAST	FIRST	MIDDLE	
HOME ADDRESS: STREET	CITY	STATE	ZIP
BUSINESS NAME & ADDRESS: STREET	CITY	STATE	ZIP
TELEPHONE (H) (W)	EMAIL		
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /		

HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? IF YES, LIST



Have you passed the AICPA Ethics Examination or an ethics examination from your home state? ☐ Yes ☐ No
If yes, date _____, type ☐ AICPA ☐ Other, if other, what state? _____

Have you ever been found guilty, or entered a plea of guilty or nolo contendere, for any offense other than minor traffic violations in a criminal prosecution under the laws of any state or of the United States, whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? If yes, please attach an additional sheet explaining the situation. ☐ Yes ☐ No

Experience described in Section II of this application was obtained while employed by:

FIRM, BUSINESS ENTITY, OR ORGANIZATION NAME

ENDORSER'S NAME	PHONE NUMBER		
ADDRESS: STREET	CITY	STATE	ZIP
DATE EXPERIENCE BEGAN	DATE EXPERIENCE ENDED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

EDUCATIONAL QUALIFICATIONS - List all colleges and/or universities attended. Enclosed **CERTIFIED** transcripts from all schools or have the registrar mail the certified transcripts directly to the Board.

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE	DATE RECEIVED

SECTION II - TO BE COMPLETED BY THE APPLICANT. (Type or print in black ink)

I hereby certify that the work experience described in Section I and II of this form and the time claimed for that experience is true and correct.

APPLICANT'S SIGNATURE	DATE
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A. In accordance with Section 326.280.6 RSMo, experience shall consist of providing any type of services or advice involving the use of accounting, attest, review, compilation, management, advisory, financial advisory, tax or consulting skills including governmental accounting, budgeting, or auditing. Experience may include employment in industry, government, academia or public practice. Refer to the directions to review the Experience as a Licensing Prerequisite Section before completing Section II of this form.

Describe your general accountancy duties as noted in A. above, and relate specific types of accountancy work. Please be sure to review Section II of the instructions and include the required information. If you need more than one endorser (i.e. changed positions) from a single firm, PHOTOCOPY SECTION III OF THIS FORM AND ATTACH TO THIS FORM. If you do not have sufficient space on this form to fully report the experience to be verified by a single endorser, ATTACH A SEPARATE SHEET. BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET.

APPLICANT'S AFFIDAVIT - MUST BE SIGNED IN PRESENCE OF NOTARY			
SIGNATURE		DATE	
NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

SECTION III: TO BE COMPLETED BY ENDORSER WHO HOLDS AN ACTIVE LICENSE AS A CERTIFIED PUBLIC ACCOUNTANT. (Type or print in black ink)

INSTRUCTIONS TO ENDORSER:

1. Read carefully the applicant's Record of Practical Work Experience in Section II of this form and any additional sheets. Refer to Section II of the instructions for the experience requirements.
2. Provide the requested information below and answer questions 1-6. Please type or print in black ink.
3. If you disagree with any information presented by the applicant on this form, or wish to provide any additional information for consideration please attach a letter addressed to the Missouri State Board of Accountancy.
4. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION IV ON THE BOTTOM OF THIS FORM AND AT THE BOTTOM OF ANY ADDITIONAL SHEETS, or if you do not sign the affidavit, please explain in a separate letter and attach to this form.
5. RETURN APPLICATION AND ANY ADDITIONAL SHEETS TO THE APPLICATION.

ENDORSER'S NAME: LAST	FIRST	MIDDLE	
CURRENT ADDRESS: STREET	CITY	STATE	ZIP

INDICATE STATE(S) IN WHICH YOU ARE LICENSED	LICENSE NUMBER
STATE	

WITH RESPECT TO THE APPLICANT'S REPORT OF PRACTICAL WORK EXPERIENCE AS DESCRIBED ON THE FRONT OF THIS FORM:

1. Does the description accurately reflect the work personally performed by the applicant? ☐ YES ☐ NO
2. Does the time claimed by the applicant for this experience reasonably reflect the actual time? ☐ YES ☐ NO
3. Was the applicant's work performed in an adequate and professional manner? ☐ YES ☐ NO
4. Are you attaching a separate letter with additional information about the applicant? ☐ YES ☐ NO
5. IDENTIFY YOUR WORK RELATIONSHIP WITH THE APPLICANT AT THE TIME: (Supervisor, Manager, Co-worker, Etc.) If None, Explain.
Position _____
6. Comments/Explanation: _____

SECTION IV: ENDORSER'S ATTESTATION

I have read the applicant's Report of Practical Work Experience. I have reviewed Section II of the instructions regarding the experience requirements. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and ability and that, except as otherwise noted, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

☐ (1) I have direct access or knowldege of an applicant's experience and have refused to sign the application. A letter of explanation is attached.

☐ (2) I do not have direct access or knowledge of the applicant's experience and have refused to sign the application. I understand no letter of explanation is required.

ENDORSER'S SIGNATURE	DATE
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FOR BOARD USE ONLY			
APPROVED	REJECTED	DATE	FEES
MET EXP ON	BEGAN PRACTICE IN MO	CERT DATE (IF APPLICABLE)	
ORIG CERT DATED	FROM	PASSED ETHICS	FILE NUMBER



MISSOURI STATE BOARD OF ACCOUNTANCY
AUTHORIZATION FOR INTERSTATE EXCHANGE OF
EXAMINATION AND LICENSURE INFORMATION

P.O. BOX 613
JEFFERSON CITY, MISSOURI 65102-0613
(573) 751-0012

INSTRUCTIONS

THIS FORM IS ESSENTIAL TO THE APPLICATION YOU ARE FILING WITH THIS BOARD. BEFORE YOUR APPLICATION WILL BE CONSIDERED FOR APPROVAL, CERTAIN INFORMATION MUST BE VERIFIED BY THE BOARD OF ACCOUNTANCY WHERE YOUR EXAMINATION CREDITS AND/OR CERTIFICATE AND LICENSE STATUS WERE ESTABLISHED. PLEASE COMPLETE THE INITIAL PORTION OF THIS FORM AND FORWARD TO THAT BOARD OF ACCOUNTANCY WHERE CREDITS AND/OR STATUS WERE ESTABLISHED. THAT BOARD, IN TURN, WILL COMPLETE THE REMAINDER OF THIS FORM (SECTIONS A-D) AND RETURN IN TO THIS AGENCY. (YOU ARE ADVISED TO CHECK WITH THAT BOARD BEFORE FORWARDING THIS FORM TO DETERMINE IF THERE ARE ADDITIONAL REQUIREMENTS AND/OR FEES CHARGED BEFORE SUCH INFORMATION WILL BE RELEASED.)

APPLICANT COMPLETE THIS SECTION ONLY

PLEASE TYPE OR PRINT LEGIBLY

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.	NAME LAST FIRST MIDDLE MAIDEN
CURRENT MAILING ADDRESS	STREET OR P.O. BOX CITY STATE ZIP CODE
TELEPHONE (DURING NORMAL BUSINESS HOURS) ()	DATE OF BIRTH MONTH DAY YEAR
SOCIAL SECURITY NUMBER	
CERTIFICATE NUMBER (IF APPLICABLE)	

I HEREBY REQUEST AND AUTHORIZE THE _____ BOARD OF ACCOUNTANCY TO PROVIDE ANY AND ALL PERTINENT INFORMATION REQUESTED IN THIS FORM TO THE MISSOURI STATE BOARD OF ACCOUNTANCY TO COMPLETE AN APPLICATION FILED WITH THAT AGENCY. I AGREE THAT THE STATE BOARD MAY CONFIRM THE GRADES ISSUED TO ME BY THE ADVISORY GRADING SERVICE OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS.

APPLICANT SIGNATURE	DATE SIGNED
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DO NOT WRITE BELOW THIS LINE SECTIONS A THRU D ARE TO BE COMPLETED BY THE STATE BOARD OF ACCOUNTANCY ONLY

SECTION A: VERIFICATION OF EXAMINATION CREDITS

THE FOLLOWING ARE GRADES AWARDED ON THE UNIFORM CPA EXAMINATION(S) FOR THE APPLICANT NAMED ABOVE, AS REPORTED BY THE AICPA ADVISORY GRADING SERVICE AND APPROVED UNCHANGED BY THIS BOARD. (PLEASE USE SECTION (D) OF THIS FORM TO EXPLAIN IF ANY OF THE GRADES WERE CHANGED; IF AN EXAM OTHER THAN THE UNIFORM CPA EXAM WAS USED; OR IF THERE IS ANY REASON WHY THE GRADES SHOULD NOT BE ACCEPTED). (IF SEPARATE SHEET IS ATTACHED, PLEASE AFFIX OFFICIAL SIGNATURE AND BOARD SEAL).

PLEASE LIST ALL GRADES, INCLUDING FAILING GRADES, RECORDED FOR APPLICANT

DATE OF EXAMINATION	AICPA I.D. NUMBER	AUDIT (AUDITING)	LPR (LAW)	FARE (THEORY)	ARE (PRACTICE)

1. WAS APPLICANT EVER DENIED ADMISSION TO THE EXAM? ☐ YES ☐ NO
(IF YES, PLEASE USE SECTION D OF THIS FORM TO EXPLAIN)
2. IF THE APPLICANT HAS NOT COMPLETED THE CPA EXAM, ARE THERE ANY RESTRICTIONS PREVENTING HIM/HER FROM SITTING IN YOUR STATE? (USE SECTION D TO EXPLAIN) ☐ YES ☐ NO
3. NUMBER OF SUBJECTS WITH WHICH CANDIDATE IS CREDITED, IF ANY
4. DATE CREDITS/OR GRADES EXPIRE, IF ANY
5. WHEN DID THE APPLICANT ORIGINALLY APPLY FOR EXAM. DATE _____
6. DOES YOUR STATE REQUIRE THE 150 HR. DEGREE ☐ YES ☐ NO

NUMBER		N/A	
	MONTH	DAY	YEAR

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS**CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT**

TYPE APPLICANT HOLDS <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RECIPROCAL	CPA CERTIFICATE NUMBER	CERTIFICATE DATE			THIS CERTIFICATE IS IN GOOD STANDING UNLESS OTHERWISE NOTED IN SECTION D OF THIS FORM
		MONTH	DAY	YEAR	
ETHICS EXAM COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	ETHICS EXAM PREPARED AND GRADED BY <input type="checkbox"/> BOARD <input type="checkbox"/> AICPA <input type="checkbox"/> OTHER	DATE OF ETHICS EXAM			ETHICS EXAM GRADE
		MONTH	DAY	YEAR	

LICENSE/PERMIT TO PRACTICE PUBLIC ACCOUNTING

1. IF LICENSING IS THE RESPONSIBILITY OF ANOTHER AGENCY, PLEASE FORWARD AND REQUEST COMPLETION OF APPLICABLE SECTION

2. THIS STATE IS A TWO-TIER STATE
☐ YES ☐ NO

3. THE APPLICANT HOLDS A LICENSE/PERMIT FROM THIS BOARD

ORIGINAL ISSUE DATE	MONTH	DAY	YEAR	EXPIRES ON ..	MONTH	DAY	YEAR

AND IS CURRENTLY IN GOOD STANDING IN THIS STATE. (PLEASE NOTE ANY EXCEPTIONS TO THE ABOVE STATEMENTS IN SECTION D OF THIS FORM)

4. IF APPLICANT DOES NOT HOLD A LICENSE FROM YOUR BOARD, PLEASE INDICATE THE REQUIREMENTS TO BE MET FOR ISSUANCE OR REINSTATEMENT:

<input type="checkbox"/> LICENSE/PERMIT NOT REQUIRED	<input type="checkbox"/> COMPLETE ACCEPTABLE ACCOUNTING/AUDITING EXPERIENCE	<input type="checkbox"/> OTHER (PLEASE SPECIFY)
<input type="checkbox"/> PAY APPROPRIATE FEES AND/OR POST BOND	<input type="checkbox"/> COMPLETE CONTINUING EDUCATION REQUIREMENTS	

5. HAS YOUR BOARD EVER TAKEN ANY DISCIPLINARY ACTION AGAINST THE APPLICANT'S LICENSE/PERMIT?
(IF YES, PROVIDE DETAILS IN SECTION D BELOW)

☐ YES ☐ NO

SECTION C: ADDITIONAL INFORMATION REQUESTED**SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED**

(OFFICIAL SEAL AND SIGNATURE MUST BE AFFIXED TO ATTACHED SHEETS IF NEEDED TO RESPOND TO THIS INQUIRY)

THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE	BOARD/AGENCY	
OFFICIAL BOARD SEAL	OFFICIAL SIGNATURE	
	TITLE	DATE
	SECOND OFFICIAL SIGNATURE (IF NECESSARY)	
	TITLE	DATE